

## Application to Determine Eligibility Incentive Period: 7/1/2006 to 6/30/2007

Complete entire form. Please print. Documentation may be required.

Date:			Contact:	
E-M	ail:			
Company Name:			Federal Tax ID#:	
Address:			APN:	
City, State, ZIP			Phone:	
Mailing address (if different from above):				
Number of employees:		Full time:	Part time:	Total:
Average wages/salary:		Full time (35 hrs. or more/wk.)	\$ per hour/ week / month (circle one)	
		Part time (under 35 hrs./wk.)	\$ per hour/ week / month (circle one)	
1.	When did your business move to the above MRZ street address?//			
2.	Has your business increased the size of its physical facilities at the above MRZ street address that has resulted in at least a 20 percent increase in the real property tax assessment by the Fresno County Assessor?			
	If yes, please provide information documenting your expansion.			
3.	<ol> <li>During the Incentive Period (7/1/06 – 6/30/07), has your business increased the number of full-time jobs (filled by employee working a minimum of 35 hours per week)? ☐ Yes ☐ No</li> <li>If yes, how many new full time jobs has your business created and filled during the Incentive Period?</li></ol>			
4. During the Incentive Period (7/1/06 – 6/30/07), has your business hired any new full-time employees who, at the resided within the MRZ boundaries? ☐ Yes ☐ No				ployees who, at the date of hire,
	If yes, please fill out a hiring voucher for each new employee.			
	The undersigned declares, under penalty of perjury, as defined in California law, that the above information is true and correct.			
	Signature and Title of Company Representative who Verified Eligibility			
All forms are available on the EDD website at www.FresnoEZ.com.				
Send completed application to:  Economic De Attn: MRZ I 2600 Fresno S Fresno, CA		Economic Development Depa Attn: MRZ Manager 2600 Fresno Street, Room 30' Fresno, CA 93721 (559) 621-8350	nrtment	
Signature and Title of City Employee verifying eligibility				